

Mr. A. Gregory
CASE

OF

INVERSION OF THE UTERUS

AFTER PARTURITION,

PROVING FATAL IN EIGHTEEN MONTHS,

WITH A

TABULAR STATEMENT OF THE RESULTS OF CASES
TREATED BY OPERATION.

BY

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FELLOW OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND
SURGEON TO THE WESTERN GENERAL DISPENSARY.

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Received January 5th.—Read March 23d, 1852.

Mrs. A. B—, æt. 25, was confined in the country with her first child on the 23d April, 1850. Up to that date she had enjoyed good health, and had passed through the term of her pregnancy with less than the usual inconvenience. The consequences of her labour, however, were such, that she came to town early in December, and placed herself under the care of Dr. Robert Lee. At this time I saw the patient, and subsequently, in the intervals of his visits, took charge of the case.

Her appearance now was that of intense anæmia in an advanced stage. The face was waxy and sallow; the lips blanched and shrunken; the hands were thin; the nails pale and livid; and the whole frame was emaciated. To these symptoms were added frequent palpitations; loud systolic and venous bruits; headache; throbbing in the temples; swelled ankles; rapid feeble pulse, and occasional distressing fits of hysteria. She stated that since her confinement she had suffered from “bearing down” and profuse hæmorrhage, of which she had had five attacks since the beginning of July, occurring at or about the regular monthly periods. The discharge was sometimes of a watery character, and in the intervals it resembled leucorrhœa. She was nevertheless free from pain in the uterus and

adjacent parts, and experienced no uneasiness in passing water. On the 4th of December Dr. Lee made a digital examination, and detected a tumour projecting through the os uteri into the vagina for upwards of two inches. It was of a somewhat pyramidal shape, and its base, measuring in its transverse diameter about an inch and a half, was embraced, though not constricted, by the os, and seemed to be so intimately connected with it at all points of its circumference, that no neck could be traced. Its surface was perfectly smooth, and its consistence rather softer than that of the common uterine polypus. Some trifling hæmorrhage followed the examination. Dr. Lee expressed his conviction that the case was one of inverted uterus, and advised strict rest in the recumbent posture till after the next catamenial period, then near at hand, with the employment of cold lotions and ice, if necessary, to restrain the hæmorrhage. The result of this examination led to a communication with Dr. Prothero, the lady's medical attendant in the country, who kindly transmitted to me the following particulars of her labour, and the history of the case while under his care:—The labour proceeded well under natural presentation for fourteen hours, when the pains nearly left her. The os uteri being fully dilated and yielding, a dose of ergot was given and repeated in an hour. This had its full effect, and in about two hours the head had descended into the pelvis; but the case now became complicated by a loop of the funis slipping down in advance of it. With the view of saving the life of the child, the forceps, as soon as they could be procured, were applied, but though the delivery was easily effected, it was dead. The placenta was expelled in a few minutes, no traction being necessary, and the uterus contracted well. The funis was of natural length. After the lapse of an hour some hæmorrhage took place, and the patient became very faint; but a medical gentleman then in charge of her stated, that before he left her, all bleeding had ceased, that the uterus was firmly contracted, and that everything was right. She passed a comfortable night, and for the next three days all went on satisfactorily. The

bowels were moved on the third day by medicine ; but a few days afterwards Mrs. A. B. stated that the action was attended with much straining and pain, and that she felt as if something had come down with the motion, but that it gave her no great inconvenience. On vaginal examination, it was now discovered that the uterus was inverted, the fundus having descended to within an inch or two of the labia ; but no unusual discharge or hæmorrhage had taken place since the day of delivery. An attempt was at once made to reduce it with as much force as was considered justifiable, which unfortunately proved ineffectual ; and on the following morning a consultation was held, when perfect rest and the use of astringent lotions were recommended. Up to the 8th of May (after which date an examination was not permitted for upwards of three months,) no alteration had taken place in the condition of the parts ; a suspensory bandage was therefore made with a cushion to support the uterus, and in time the patient was able to take gentle carriage exercise.

A slight sanguineous discharge existed up to the 12th July, which, though varying more or less in quantity, did not occur to any alarming extent. On this day very profuse hæmorrhage took place, and produced much exhaustion, but under rest and the astringent lotions it soon subsided. In the middle of September Mrs. A. B. removed to the sea-side, and the change was attended with considerable benefit to her general health.

On the 6th December the catamenia appeared, and the discharge continued moderately for some days ; but on the evening of the 12th, after a day disturbed by hysterical feelings, a serous fluid was poured out so profusely as to soak through six or seven napkins used together. On the 13th the discharge was less and of deeper colour, and several clots of blood were expelled. The bowels had been relieved by rhubarb and colocynth, but the action exhausted her much. On the 15th she suffered from feverishness and vomiting, though there was no abdominal tenderness, and in the evening had a prolonged fit of hysteria. On the

16th, after taking some blue pill and Epsom salts, a very offensive motion was passed, and during the action of the bowels she completely fainted. On the 17th the case appeared so alarming as to lead to the belief that it would be necessary to apply a ligature around the base of the tumour with the view of dividing it, which, notwithstanding the risk attending such a proceeding, seemed to be the only means of restraining the hæmorrhage and of preserving the patient's life.

On the 18th, Dr. Locock saw her in consultation, and after carefully examining the tumour, fully concurred in the diagnosis previously given. The propriety of the immediate application of a ligature was discussed, but the hazardous nature of the operation being considered, and the hæmorrhage being now restrained by the aid of a sponge soaked in a strong solution of alum, it was resolved to defer it. In the mean time the plan of treatment agreed upon was to surround the tumour with strips of lint dipped in the solution of alum, to support the system with nourishing diet, and to give one of the mineral acids as a tonic.

On the following day there was some improvement, a tranquil night had been passed, the bowels had been moved by Epsom salts, and there was neither faintness nor hæmorrhage. The same treatment was continued till the 26th, when, as there was only a slight mucous discharge, the lint was not as usual replaced. The patient was on the sofa in the drawing room for several hours in the afternoon, and had taken throughout the day more nourishment.

During the frequent examinations which were necessarily resorted to, pressure was made upon the tumour with the hope, if possible, of reinverting the uterus; but it invariably produced such severe cutting pain in the abdomen above the pubes, that a more systematic and longer-continued attempt to effect this was precluded. The tumour itself possessed but little sensibility.

On the 1st of January, 1851, some citrate of iron in small doses was administered, but the stomach rejected it.

From this time up to the 19th, the patient, still strictly

confined to the horizontal posture, gained strength. The appetite improved, and the bowels were freed at intervals by Epsom salts. On this day the catamenial period again commenced; and on the 21st the profuse sero-sanguineous discharge recurred, and with it the rapid, feeble pulse, whizzing sensations in the head, and other distressing symptoms. In the evening, during the action of the bowels, several florid clots of blood were expelled from the vagina. A mixture composed of the infusion of cusparia, tincture of catechu, and laudanum was prescribed. On the 23d, the discharge was still more copious, and in the evening the pulse ran up to 120, with an irritable beat, the patient became hysterical, and vomited some undigested food. The tumour was, therefore, closely enveloped as before with the lint and alum, care being taken, whenever it was removed, to syringe the parts with tepid water, to bring away any clots which, at times, became very offensive. The two succeeding monthly periods, which commenced respectively on the 21st of February and the 29th of March, were attended with precisely the same symptoms, and the same plan of treatment was adopted. During the intervals the patient rallied surprisingly, and, though suffering much at times from flatulence, intestinal pains, constipation, occasional vomiting, and other symptoms of feeble digestive power, upon the whole she gained strength, and was able to take gentle exercise in an easy carriage or an invalid chair.

On the 16th of April she was well enough to be removed to a distance of upwards of a hundred miles into the country; and though I had no opportunity of seeing her again, I received from time to time very distinct reports of her state. The catamenia returned early in May, and continued longer than usual, for I was informed, in a letter dated the 20th, that at times the discharge was still very copious, with a good deal of colour.

The succeeding period which commenced early in July appears to have been attended with a more severe train of symptoms than any she had before experienced. The loss of blood was most profuse for some days, and then subsided,

leaving a very trifling discharge of serous fluid of most offensive odour. This continued for about a week, during which time the stomach rejected everything, and the pain in the head was so intense as almost, it was said, to deprive her of her senses. The state of weakness to which she was now reduced was such that it was thought she would scarcely recover; she did, however, rally, and, to my surprise, in a letter dated October 13th, I received much more cheering reports. It was stated that the patient had been improving in all respects, that the last three catamenial periods had been passed over naturally, without any hæmorrhage or other untoward symptoms, and that sanguine hopes were now entertained by her relatives that she might ultimately be restored to health. The next report, however, showed that these hopes were not to be realised.

The catamenia again commenced on the 2d of November, and progressed favorably, and during the following week she suffered much from constipation and headache. The former was relieved by medicine, yet the latter increased, and on the 8th and 9th became very severe. The night of the 9th was passed quietly, but in the morning Mrs. A. B. was found in a state of unconsciousness, with labouring respiration, and an erysipelatous redness on one side of the head and neck. From this comatose state she never recovered, but sank, and expired on the night of the 10th of November.

The *post-mortem* examination was conducted by Dr. Prothero, but, not having been made until a week after death, the uterus and appendages were the only parts examined.

The uterus was in a state of partial inversion. The fallopian tubes and round ligaments were drawn inwards and downwards with the fundus, which protruded through the os, forming an oblong, rounded tumour, whose length was three quarters of an inch, its transverse diameter one inch and a half, and its circumference, at the widest part, which was close to the os, about four inches and a quarter. The mucous membrane, which covered it, was smooth, and of a deep purple colour. The anterior lip of the os uteri

was thin and narrow, and rested upon the tumour without constricting it, the posterior was flattened and not easily recognised.

Some few fibres of lymph were found between the adjacent surfaces of the peritoneum covering the depressed fundus.

The left ovary was enlarged to the size of a hen's egg, and contained a cyst as large as a walnut, which enclosed a sanguineous fluid. It was found to be quite impossible, with all the force that could be used, the vagina being dragged down at the same time, to reinvert the uterus.

The accompanying drawing by Mr. William Wing, gives a faithful representation of the parts.

Remarks.—The foregoing case affords another illustration of the fearful effects resulting from inversion of the uterus after parturition, an accident which perhaps more than any other in the whole range of obstetric practice attaches to itself a peculiar interest. As in many such instances, the patient, in the prime of life, and free from ordinary disease, sank exhausted by profuse periodical hæmorrhage into a premature grave. For a period of eighteen months her naturally healthy constitution bore up against the drain which it had to support, though the imperfect manner in which the functions were performed, consequent on the exsanguine condition of the whole system, gave rise to much suffering and distress.

Such is not an unusual history of the progress and termination of these cases, if the patient survives the dangers which immediately follow the accident; and the fatality which almost invariably ensues, led to the proposal of extirpating that portion of the uterus from which the blood is poured out. This proceeding, though attended with considerable risk, has frequently been performed with success, but as there still exists some difference of opinion on the propriety of resorting to it, the above case, which I watched with great interest and anxiety for several months, is respectfully submitted to the Royal Medical and Chirurgical

Society, with the hope that it may elicit the experience of its Fellows on this important subject.

The question as to the expediency of attempting the separation of the protruding portion of the uterus in these cases is beset with many difficulties, and it is only, perhaps, when the surgeon is actually called upon for his opinion, that they can be fully understood. In Mrs. A. B.'s case it may be imagined that this was seriously entertained; and indeed on one occasion the apparatus requisite for the application of a ligature was at the bedside, and but for the disappearance of the hæmorrhage, would most certainly have been employed. Though a recourse to the operation has often accomplished its desired object, it is productive of very painful symptoms, and not unfrequently of fatal consequences; and though the inverted condition of the womb in most cases leads to the death of the patient, yet some have recovered from its effects, and life has been prolonged in tolerable comfort for a number of years. We may well agree with Velpeau, a bold surgeon and a sagacious observer, who, in commenting on a case of this kind which occurred in his own practice, says — "*Ces circonstances placent le chirurgien dans les perplexités vraiment cruelles.*"

It is not my purpose in the few following remarks to enter into a consideration of the causes or diagnosis of this serious affection; these are distinctly pointed out by authors who have written on the subject, and by none with fuller detail than the late Mr. Crosse, in his valuable treatise; but before speaking more particularly of the operation, it may be interesting to inquire briefly into some points connected with the histories of those cases in which it was not attempted.

In a few cases on record,¹ the uterus from some cause underwent spontaneous reinversion, and in others, the patient was relieved of the source of her danger by sloughing of the tumour resulting from inflammatory action² or

¹ Boyer; '*Mal. Chir.*,' vol. x, pp. 515-16. Colombat de l'Isere; '*Diseases of Women*,' trans. by C. D. Meigs, pp. 182-4. Velpeau; '*Clin. Chir.*,' vol. ii, pp. 425-6.

² A case of this kind occurred to Rousset, and is quoted by Sabatier in his '*Médecine Opératoire*,' vol. ii, p. 476.

constriction by the os; but these are rare and happy exceptions, and can scarcely be taken into account in estimating the value of the operation.

With regard to the possibility of reducing the inverted organ, it may be admitted on the testimony of the most competent observers, that unless this desirable end can be effected within a few hours after the accident has occurred, there is little or no hope of its being afterwards accomplished. Even with the aid of instruments carefully constructed and perseveringly employed, the attempt failed in a case¹ of two months and a half standing, under the care of Dr. Bouchet, of Lyons. In Mrs. A. B.'s case, the pressure on the tumour gave rise to such pain in the abdomen that it could not be borne. A few instances,² however, are recorded in which reduction was effected at later periods, but from their rarity they cannot be considered as affecting the general rule, nor can parallel results be anticipated in other cases.

The duration of life under inversion of the uterus, when it has reached the advanced stage, varies considerably, much necessarily depending upon the original constitution of the patient, and her ability to rally during the intervals of the monthly discharges. During the time of lactation the danger is of course lessened, and if the accident occurs at a

¹ 'Mém. de Méd. et Chir. Pratiques,' &c., by Martin le Jeune, p. 216.

² Cases by Lauverjat, Hoin, and Chopart, after twelve, three, and eight days; 'Traité Pratique des Mal. de l'Uterus;' Boivin and Dugés, vol. i, p. 237.—A case by Dr. Smart, after three weeks; 'Amer. Journal of Med. Sciences' for 1835, vol. xvi, p. 81.—A case by Dr. Gazzam, after nine days, under nauseating doses of antimony continued for twenty-four hours; 'American Journal of Medical Sciences,' vol. vii, p. 357, 1844.—A case by Mr. Dickenson, after twenty-seven hours; 'Med. Gazette,' Jan. 1835, p. 551.—A case by Dr. Belcomb, after twelve weeks; 'Med. Gazette,' vol. vii, p. 783.—A case by Dr. Ingleby, after eight days; 'Facts and Cases in Obs. Medicine,' p. 227.—A case by Dr. Hugh Miller, of Bombay, after three months, under chloroform; 'Edin. Monthly Journal,' Dec. 1851.—*Vide* also Churchill on the 'Principal Diseases of Females,' p. 331;—also a case by M. Barrier, surgeon to the Hôtel Dieu at Lyons, of fifteen months' standing, under etherization; 'Gazette Médicale,' No. xvii, April 24, 1852, p. 272.

comparatively late period of life, the tendency to hæmorrhage is diminished by the natural cessation of the catamenia. The latter fact is well illustrated by a case mentioned by Lisfranc,¹ who found this displacement in a woman seventy years of age, to whom, he states, it gave no inconvenience. It was not discovered until after her death, which was caused by pneumonia. She suffered neither from hæmorrhage, leucorrhœa, uterine pains, nor difficulty in walking.

Mr. Crosse² gives references to some cases which had been traced to their termination, though many others of which he speaks were lost sight of. It appears that of twelve cases—

	1	proved fatal at 8 months.
3	„	9 „
1	„	12 „
2	„	22 „
1	„	2 years.
1	„	3 „
2	„	4 „
1	„	5 „

To these may be added Dr. West's³ case, in which the patient survived twenty-nine, and that of Mrs. A. B., who lived eighteen, months. Dr. King⁴ also mentions the case of a lady who lived twenty years under this affection, though suffering from pain and frequent hæmorrhages; and Lamotte⁵ gives a case in which the inversion had existed for thirty years.

It is worthy of notice that some have been the subjects of this accident in whom it occasioned but little or no distress, of which the following case, related by Boivin and Dugés,⁶ affords an interesting example. The patient came under the care of Dubois on the 18th of August, 1825,

¹ Clinique Chirurgicale, vol. iii, p. 380.

² Crosse on 'Inversio Uteri,' p. 171, *note*.

³ Proceedings of Pathological Society of London; Session 5, 1850-1, p. 140.

⁴ Glasgow Med. Journal, vol. i, p. 172.

⁵ Burns' 'Midwifery,' 1820, p. 501, *note*.

⁶ Traité Pratique des Mal. de l'Uterus, &c., vol. i, p. 245.

being the sixth day after her delivery. When first the inversion took place the hæmorrhage was excessive and nearly exhausted her. The bleeding, however, had not recurred, and though completely blanched she now complained only of a sensation of weight in the pelvis, slight pains in the iliac regions, and frequent desire to pass water. The use of the catheter was for a short time required, but as the tumour, which reached to the labia on admission, diminished in size, this became unnecessary. Some whitish discharge was secreted from that portion of the uterus to which the placenta had been attached. On the eighteenth day after labour the patient travelled home by the diligence. On the 22d September, 1830, upwards of five years from the date of the accident, she again sought advice in consequence of the catamenia not having returned, the only appearance of them being a slight discharge of reddish mucus from the vagina occurring every fifteen or twenty days, and lasting but a few hours. The patient had grown fat, and the tumour was still found to exist.

It is unusual, however, to meet with cases of inversion of the uterus in which so few important symptoms are observed. The touching description of the younger Martin¹ indicates with great accuracy the history of the majority of them. "In the rare cases," says he, "where the woman does not perish from hæmorrhage, the inverted uterus lessens in size as it hardens, and becomes extremely painful; the patient falls into a state of marasmus; her powers are gradually exhausted under the uterine discharges, which there are no means of arresting; hysterical spasms disturb the general economy in its functions; the healthy hue of the skin fades, and a slow hectic fever terminates, sooner or later, her deplorable existence." With such a prospect in view, it becomes a matter of great moment in each case to decide whether any operation shall be performed, in order to avert, if possible, the impending calamity. There are few, probably, who do not shrink, unless it should be imperatively demanded, from any active surgical interference with an

¹ Mém. de Méd. et Chirurgie Pratique, p. 226.

organ of such delicate structure as the uterus, containing within it so large a supply of vascular and nervous tissues; or with a membrane like the peritonæum, so prone under these circumstances to take on fatal inflammatory action. Experience, however, has proved that in these cases a portion or the whole of the uterus may be removed with the result of arresting the hæmorrhage, rallying the failing powers, and restoring the patient to health. On the other hand, it must not be lost sight of, that in some cases, owing to the severity of the symptoms induced by the operation, its completion could not be effected, and in others it has itself been attended with fatal consequences.

The modes which have been adopted for extirpating the bleeding portion of the uterus are simple excision with a bistoury, excision after the application of a ligature, and gradual strangulation by a ligature only.

The first of these plans was resorted to on one occasion by M. Velpeau,¹ and though the subject of it survived all its dangers and ultimately recovered, the jeopardy in which she was placed was so great, that it will doubtless not be often repeated. The patient had suffered from inversion for three years. The tumour was excised, and the finger entered the peritoneal cavity, and felt the intestines. Though but little hæmorrhage occurred, the acute pain, cramps, restlessness, and syncope, which followed and continued for three days, very nearly deprived her of her life. The uterus was removed, with the exception of a small portion of its neck.

The same surgeon afterwards performed the operation of extirpation twice by applying a ligature and then excising the tumour. In both cases it proved fatal. The first was that of Albertine Holbe,² of which he gives very full details in his '*Clinique Chirurgicale*.' The ligature was not tied tightly, and some hæmorrhage followed the excision. The patient died in three days, and post-mortem examination revealed traces of peritoneal inflammation and extravasation of six or eight ounces of blood into the pelvic cavity. M. Velpeau

¹ Clin. Chir., vol. ii, p. 441.

² Ibid., p. 445.

attributed her death to the excessive loss of blood she had sustained. The other case was that of Josephine Roussin.¹ Two strong threads were passed through the neck of the tumour, for the purpose of restraining any hæmorrhage that might occur, but were not tied. The fundus of the uterus and part of its body were then removed, and the vagina was plugged. The patient died two days afterwards from peritonitis.

The simple application of a ligature around the neck of the tumour in order to destroy its vitality, appears to possess more advantages than the other modes of operating. The constriction may, in the first instance, be moderate, so as to excite sufficient inflammation to unite the adjacent surfaces of the peritonæum lining the inverted organ, without inducing severe pain and nervous symptoms; and if these should arise, the ligature may be loosened, which usually has the effect of arresting them. Whether the constriction can be more gradually applied and more steadily maintained by a flexible wire than by an ordinary silk or thread ligature, is a matter to be decided by practical observation. In four out of his five successful cases, Dr. Johnson² used a ligature made of fine well-annealed silver wire and silk twisted together.

The annexed Table of Operations on the Inverted Uterus after Parturition, collected from various sources, records many cases of the successful application of the ligature, and others in which it proved fatal; and though Velpeau,³ Boivin,⁴ Dugès, and others may be right, in supposing that some which have been published as instances of extirpation of the uterus may have been, in reality, but the removal of polypi, those included in it appear to be well authenticated. Cases where the inversion was produced by polypi have, not being strictly connected with the present subject, been purposely

¹ Gazette des Hôpitaux, vol. vi, p. 413; also 'Medical Times,' Sept. 1844, p. 502.

² Dublin Med. Journal, vol. xxvii, Dr. Mac Clintock; and Dublin Hospital Reports, vol. iii.

³ Clin. Chir., vol. ii, p. 423.

⁴ Traité Pratique des Mal. de l'Uterus, &c., vol. i, p. 243.

omitted from the Table, which, without any pretensions to be considered a correct statistical account of all cases in which the operation has been performed, brings out a considerable amount of practical information. Among other points of importance, it illustrates the difficulty experienced in diagnosing inversion of the uterus when of long standing. In nine out of the thirty-six cases it contains, the tumour was mistaken for polypus.

The following is a general summary of the Table :

I. Cases treated by Ligature only:

A. Successful	21
B. Unsuccessful	5

Of these 3 died, and 2 recovered without extirpation of the tumour, the severity of the symptoms induced by the ligature having necessitated its removal.

II. Cases treated by Excision :

A. Successful	1
B. Unsuccessful	1

III. Cases treated by Ligature and Excision :

A. Successful	5
B. Unsuccessful	3

Total	<hr/> 36
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Before concluding this Paper, a few words may be said on the treatment pursued in Mrs. A. B.'s case.

The close application of strips of lint soaked in a strong solution of alum around the tumour was found most effective in restraining the hæmorrhage, and gave rise to no irritation. In the intervals of the catamenial periods, every effort was made to improve the general health and strength by light nutritious diet, and gentle exercise in the open air ; and when the discharge appeared, the strictest rest in the recumbent posture was enjoined. But little advantage was to be expected, nor was any derived, from the internal use of astringent or tonic medicines. The enfeebled stomach revolted against them, and it was considered more important to concentrate all its powers on the digestion of aliment which would most readily undergo the processes of absorption and sanguification.

TABLE OF CASES
OF
INVERSION OF THE UTERUS AFTER PARTURITION,
TREATED BY OPERATION.

I.—CASES TREATED BY LIGATURE ONLY.

A. *Successful.*

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
1. Harriet Barwick, æt. 39.	Windsor; Med.-Chir. Trans., vol. X, p. 364.	Eighteen months' standing. Much pain followed the application of the ligature. Threatening of peritoneal inflammation, requiring the use of leeches, and considerable constitutional disturbance. The tumour separated, with the exception of its peritoneal lining, on the 12th day. This was divided with scissors; it contained part of the Fallopian tubes and round ligaments.	Recovered.
2. Mrs. Glasscock, æt. 26.	Newnham; Essay on Inversion of the Uteri, p. 31.	Three months' standing. Ligature applied April 13th, 1837. Much pain produced. It was loosened on the 14th and 15th; on the 17th the canula was removed, and the ligature left loosely on. On the 18th it was again tightened; and this was done daily till the 6th May, when the tumour came away.	Recovered.
3. ———	Johnson; unpublished, but referred to by Dr. Mac Clin- tock, in a footnote in Dublin Medical Journal, vol. 27.	More than two years' standing. Ligature came away on the 10th day. Patient suffered from emaciation, cough, œdema of the legs, pain, and profuse vaginal discharges. She recovered from the operation, but died of phthisis nine months afterwards. Ligature made of fine, well-annealed silver wire and silk twisted.	Recovered.
4. An elderly woman.	Johnson; unpublished, but referred to as the preceding case.	Many years' standing. Continued and profuse hæmorrhages. The tumour came away after a considerable time, much softened and decomposed. Ligature the same as in preceding case.	Recovered.

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
5. Mrs. M—, æt. 20.	Johnson; Dublin Hospital Reports, vol. 3, p. 479.	Upwards of fourteen months' standing. Supposed at first to be a polypus, and tied as such. So much pain was produced on tightening the ligature, that the error was discovered; it was not, however, loosened, and the tumour came away in three weeks. Violent pain, nausea, vomiting, and threatening of peritonitis were induced. Catamenia returned. Ligature the same as in preceding case.	Recovered.
6. Mrs. B—, æt. 27.	Johnson; Dublin Hospital Reports, vol. 3, p. 483.	Six years' standing. Application of ligature followed by pain and retention of urine. It was removed on the second day; re-applied after an interval of three weeks, and the tumour, which consisted of the fundus of the uterus and part of the Fallopian tubes, came away on the 19th day. Ligature the same as in preceding case.	Recovered.
7. Mary Byrne, æt. 24.	Johnson; published by Dr. Mac Clintock, in Dublin Med. Journal, vol. 27.	Five years' standing. Ligature applied Sept. 18th, 1844. In consequence of vomiting, pain in the back and uterine region, it was loosened in a few hours. The discharge, however, became fetid. The constitutional disturbance so great on the 11th day, that the canula was removed, and the ligature left on loosely. Extirpation completed with a bistoury on the 28th day. Common flexible ligature.	Recovered.
8. Madame R—	Martin (elder), at Lyon, in 1791; quoted by Martin (younger), in his <i>Mémoires de Médecine et Chirurgie</i> , &c., p. 222.	Two years' standing. Pain following the application of the ligature was easily borne, and the nervous symptoms slight. The tumour came away on the 19th day. All hæmorrhage ceased, and, though the catamenia never returned, her health was not affected. Patient was alive 42 years after the operation.	Recovered.
9. A young lady.	Bloxam; Med.-Chir. Review, vol. xxx, p. 169.	Six months' standing. First considered to be a polypus. Ligature applied in July, 1835. The pain was so excessive that it was removed in an hour. The case was then recognised as one	Recovered.

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
		of inversion. A ligature of cat-gut was applied on the 4th August, and not drawn very tightly. Severe pain followed, and recurred whenever it was tightened, which was relieved by opiates. Tumour came away on the 21st August, the 17th day. Catamenia replaced by a sanguineous discharge, occurring monthly.	
10. Sarah Ford, æt. 54.	Chevalier; Merri- man's Synopsis, 1826, Appen- dix, No. 31.	Ligature applied April 12th, 1804, and tightened on the 14th, 20th, 23d, and 26th. Tumour cut off on the 2d May, being quite killed.	Recovered.
11. ———	Bouchet (père); Lisfranc, Clin. Chir., vol. 3, p. 400.	Three years' standing. Ligature applied with success.	Recovered.
12. A lady, æt. 32.	Esselman, of Nashville; Western Med. and Surgical Journal, Aug. 1843; detailed also in Amer. Journal of Med. Sciences, 1844, vol. 7, p. 255.	Twelve years' standing. Tumour, the size of a large pear, mistaken for polypus. Application of ligature of saddlers' silk, well waxed, followed by great pain and prostration, the pulse being scarcely perceptible. Tumour came away in 18 days. Catamenia suppressed.	Recovered.
13. ———	Blundell; Obste- tric Medicine, p. 807.	Fifteen or sixteen months' stand- ing. Ligature applied with Hunter's needle. Uterus came away, softened, on the 11th day. No bad symptoms.	Recovered.
14. ———	Hall; Blundell's Obst. Medicine, p. 808.	Ligature was applied, but the patient being of an irritable constitution, it required to be frequently loosened. Tumour ultimately came away.	Recovered.
15. ———	Clarke (Dr. Gran- ville's case); Gooch on Dis- eases of Wo- men, p. 263; also referred to in Lond. Med. and Surgical Journal for 1828.	Upwards of two years' standing. Ligature applied, and tightened every other day; so much pain each time as to require an opiate. Tumour came away on the 14th day. Pain and vomiting oc- curred throughout the treat- ment. This patient was seen by Dr. Henry Davies, in 1844, in Belgium, and was then in good health.	Recovered.
16. Mrs. W—, æt. 31.	Crosse; Provin- cial Medical and Surgical	One month's standing. Patient had been the subject of inver- sion in her first labour, two	Recovered.

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
	Journal, vol. 8, p. 155.	years before, after the use of ergot of rye and forceps; now the inversion was complete, and the tumour protruded externally. Ligature applied Feb. 12th, 1843, on the neck of the uterus. Pain in the lower part of the abdomen and in the loins followed, which was relieved by opiates. The ligature was gradually tightened, and on the 18th February the tumour was flaccid, dark, and putrefying, and it was cut off below the ligature. On the 20th the ligature was removed. Catamenia suppressed entirely.	
17. A young woman, æt. 19.	Faivre, in the Civil Hospital of Vesoul; Journal de Médecine, for August, 1786, p. 201.	Labour, April 1st, 1767. Midwife dragged upon the placenta and completely inverted the uterus. Tumour the size of a child's head, soon became inflamed and gangrenous. Ligature was applied in a few days, followed by convulsions, and painful draggings in the loins; then followed diarrhœa, and œdema of the lower extremities, which were scarified. Tumour separated on the 17th day. An issue was afterwards made in each leg, to make up for the loss of the natural evacuations.	Recovered.
18. Mrs. A—y.	Gregson; Medical Gazette, 1846, vol. 37, p. 342.	Two years' standing. Profuse hæmorrhage at the monthly periods. The tumour was drawn down with a vassellum, and a strong silk ligature tied with great firmness, with the help of a double canula and an eyed steel staff. Tumour came away in nine days. Reaction from the time of the operation very moderate; an occasional anodyne required, and the catheter was twice used. The entire body and neck of the uterus were removed. Patient up in 20 days.	Recovered.
19. Eliz. Depler, æt. 37.	Weber, of Ham-melburg; Siebold's Journal für Geburtshülfe, &c.,	On the 28th November, 1821, patient miscarried. This was followed by hæmorrhage, which, on the 30th, increased to a great degree, and a tumour the	Recovered.

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
	Frankfurt, 1826, p. 406.	size of a man's fist appeared at the vulva. On the 11th December, a fleshy mass, the size of a child's head, came down externally. On the 12th, Weber saw her, and found it to be an inverted uterus. On the 13th, a ligature of waxed shoemakers' twine was placed as high as possible around the tumour, which included a portion of the vagina. This was tightened daily, which gave rise to great pain, numbness of the right thigh, and distress in passing water. On the 18th, the tumour, partly destroyed by sloughing, was cut away. Portions of the Fallopian tubes were found in it. The ligature soon came away. The patient recovered, and had no return of the catamenia; but every four weeks a discharge of whitish mucus occurred for a day or two.	
20. Mrs. M—, æt. 27.	Dr. Henry Davies, who communicated the case.	Confined in April, 1846, of her second child. The placenta was delivered in pieces, but afterwards the parts were apparently <i>in situ</i> . Without any evidence of inversion of the uterus, the patient had hæmorrhage, to a greater or less extent, till the end of August, when Dr. H. Davies first saw her on account of a tumour in the vagina, which was represented to be of recent origin. He found an oviform tumour low down in the vagina, gripped firmly at its base by the os uteri; it was not particularly sensible to the touch. The patient was feeble, and looking exsanguined. A ligature of whip-cord was placed firmly round the base of the tumour (close to the os uteri) with the double canula. The tightening of the ligature caused some pain, which was followed by a fit of hysteria, and syncope of considerable duration. A similar paroxysm, but more violent and	Recovered.

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
21. ———	Dr. David Davis; the case is quoted, without particulars, in his <i>Obst. Med.</i> , vol. 2, p. 1086. These have been communicated by Dr. John Hall Davis.	<p>longer in duration, always followed the tightening of the ligature, until at length the paroxysms became so alarming that great caution was required, and latterly the ligature, instead of being tightened, was drawn backwards and forwards only. The vagina was daily syringed with tepid water. The canula, with the ligature and tumour, came away on the 21st day after its application. The patient's recovery was retarded by phlebitis of the right leg. She is now (June, 1852,) looking very well and enjoys excellent health, and can take any exercise. A slight sanguineous discharge occurs very regularly at monthly periods from the vagina, which is always preceded by slight headache. The portion of the uterus which was removed by the ligature is preserved. It consists of the fundus and body of the organ, and about an inch of the uterine extremities of the Fallopian tubes and round ligaments on either side, which are seen dipping into the cup-shaped cavity produced by the inversion. The mucous membrane is detached from the surface, so that the inner layer of muscular fibres of the uterus is exposed on the outside of the tumour. Its size is that of a small orange, but more oval, the greatest diameter being placed transversely.</p> <p>In this case the ligature separated in 16 or 17 days. Much constitutional excitement was caused by the operation, but the patient recovered.</p>	Recovered.

B. *Unsuccessful.*

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
22. ———	Ramsbotham; Principles and Practice of Obstetric Med. and Surgery. London, 1841, p. 541, note.	Ten months and a half standing. Ligature applied June 5, 1840. Rigors occurred three or four hours after the operation, followed by symptoms of violent peritoneal inflammation. Distress was so great and danger so urgent, that the ligature was removed 24 hours after its application. Nothing solid passed from the vagina. Health was restored, and catamenia appeared July 13th, without pain or expulsion of coagula, and did so regularly afterwards without hæmorrhage.	Recovered but extirpation was not effected.
23. ———	Professor Dubois; <i>Traité pratique des Maladies de l'Uterus</i> , by Boivin and Dugès, vol. 1, p. 242.	The severity of the symptoms necessitated the removal of the ligature, which was applied in consequence of profuse hæmorrhage.	Recovered, but extirpation was not effected.
24. A woman, æt. 36.	Rey; occurred in the practice of M. A. Petit, Velpeau's Clin. Chir., vol. 2, p. 423.	Three months' standing. Mistaken for polypus. Ligature was applied, and the patient cried out with pain. It was removed the following day, but she nevertheless sank and died on the fifth day.	Died.
25. A woman, æt. 24.	<i>Traité des Mal. Chir.</i> , by Boyer, vol. 10, p. 510, quoted by Velpeau, in his Clin. Chir., vol. 2, p. 437, and by Boivin and Dugès, vol. 1, p. 242.	Mistaken for polypus. The placenta was adherent to the tumour, which hung between the thighs. The young surgeon who mistook the nature of the case, removed the placenta and ligatured the tumour on the day of delivery, July 6th, 1824. This arrested the hæmorrhage, and he then returned the mass into the vagina. On the 24th of July the patient was admitted, under the care of M. Boyer, into La Charité, with the canula in its place and the ligature loose. The tumour came away on the 1st of August; death on the 12th from peritonitis.	Died.
26. Mrs. S—, æt. 37.	Communicated by J. M. Arnott, Esq.	March, 1849. Disease of 12 months' standing. The vagina occupied by a pediculated tumour the size of a large egg;	Died.

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
		the pedicle that of the forefinger. The disease pronounced to be polypus by three of the first accoucheurs in London, two of them present at the operation. The operator, less certain of its nature, proceeded to the removal of the tumour with caution; having drawn this out of the vagina, the pedicle was exposed and incised layer by layer; immediately on its being ascertained that the case was one of inversio uteri, the knife was laid aside, and a ligature applied tightly above the incision. Peritonitis and death in four days.	

II.—CASES TREATED BY EXCISION.

A. *Successful.*

27. A lady of Chateauroux' æt. 24.	Velpeau; Clin. Chir., vol. 2, p. 441.	Three years' standing. The tumour was removed with a knife. The finger entered the peritoneal cavity, and felt the intestines distinctly. The operation was followed by acute pains, cramps, extreme restlessness, and faintings, which continued with great intensity for three days. There was but little hæmorrhage. In less than a month the patient was well. The whole body of the uterus was removed; a portion only of the neck being left.	Recovered.
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B. *Unsuccessful.*

28. Josephine Roussin, æ. 35.	Velpeau; Gazette des Hôpitaux, vol. 6, p. 413, 2d series; also Medical Times, Sept., 1844, p. 502.	Fifteen years' standing. Two strong threads first passed through the root of the tumour for the purpose of restraining hæmorrhage, but they were not tied. The uterus was then drawn down, and the fundus and part of its body were removed, and the vagina was plugged. Patient died of peritonitis in two days.	Died.
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III.—CASES TREATED BY LIGATURE AND EXCISION.

A. *Successful.*

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
29. A young woman, æt. 23.	Lasserre; Archives Générales de Médecine, 2e série, tome 8, p. 395; Velpeau, Clin. Chir., vol. 2, p. 443.	Eighteen months' standing. The ligature was applied, which was followed by repeated and severe pains, each time relieved by laudanum. When tightened the pain was again so violent that it was necessary to loosen it. This occurred several times; at length a fresh ligature was applied around that portion of the tumour not destroyed, and it was removed by the knife. Peritonitis was threatened, and there was swelling of the left leg and thigh. Patient was well in thirty days. Catamenia did not return.	Recovered.
30. A young lady.	Joseph Clarke; Edin. Med. and Sur. Jour. vol. 2, p. 419.	Eleven months' standing. Mistaken for a polypus. A ligature was applied which was followed by great pain, severe vomiting, and watchfulness. Not having produced the desired effect, it was removed at the end of a fortnight. The hæmorrhages, however, ceased, and the health greatly improved. One day, on some effort being made, a large tumour shot suddenly out of the vagina. A ligature was then placed above the indentation produced by the old one, and the tumour was excised below it. Patient was quite well in six weeks. No return of catamenia.	Recovered.
31. Mary Griffiths, æt. 37.	Baxter; communicated to the Med. and Physical Journal, vol. 25, p. 210, by Dr. Merri-man.	Five weeks' standing. Uterus inverted and protruding externally. An armed seton needle was passed through the vagina, and each half of it was included in a ligature. Another ligature was then placed around the whole vagina above this. The vagina was then divided, by which one inch and a half of its length and the whole of the uterus were removed. The lower ligature came away in nine days. The upper one remained on longer. In six weeks the pa-	Recovered.

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
		<p>tient was quite well. An appearance of the catamenia on the 24th of October, and once afterwards.</p> <p><i>Note.</i>—Boivin and Dugès doubt the correctness of the diagnosis in this case. No cavity was found in the part removed, nor anything like the ovaries or fallopian tubes, and she imperfectly menstruated afterwards. They consider it to have been a schirrous state of the neck of the uterus, or a polypus. Baxter says the absence of a cavity and other appearances resulted from inflammation.</p>	
32. A young woman.	Alex. Hunter; Duncan's Med. Annals, 1799, vol. 4, p. 366.	<p>One month's standing. Confined Jan. 27, 1795; a tumour discovered shortly after labour in vagina. On the 8th day it was expelled, and the uterus was inverted with it. It was separated from the fundus to which it was attached, but the uterus could not be replaced. A ligature was therefore passed round the neck of the tumour close to the os externum, and it was excised below it. No pain or uneasiness followed. Patient was out of bed in fourteen days, and well in a month. No catamenia afterwards.</p>	Recovered.
33. Elizabeth Field, æt. 41, cook.	Moss; Lancet, vol. 1, 1837, p. 359.	<p>Six years' standing. Quite external and ulcerated. First ligature of Indian twist applied 26th March. Other ligatures afterwards applied at different times of whipcord, catgut, and wire, as the previous ones had not answered the purpose. A circular slough formed, but there was much difficulty in completely destroying the tumour. Violent pain, spasms and vomiting were induced by the ligatures. During the treatment the ligature was withdrawn for a week owing to the severity of the symptoms. On the 16th of Dec. the tumour was excised and profuse hæmorrhage occurred from some arteries, which were tied. Dec.</p>	Recovered.

Name and Age of Patient.	Operator, and where reported.	Observations, Symptoms following the Operation, &c.	Result.
		31.—Able to leave her lodgings. Jan. 8.—Superintending the dinner. In three weeks a protrusion of intestine occurred through the broken up cicatrix, but from this she recovered.	

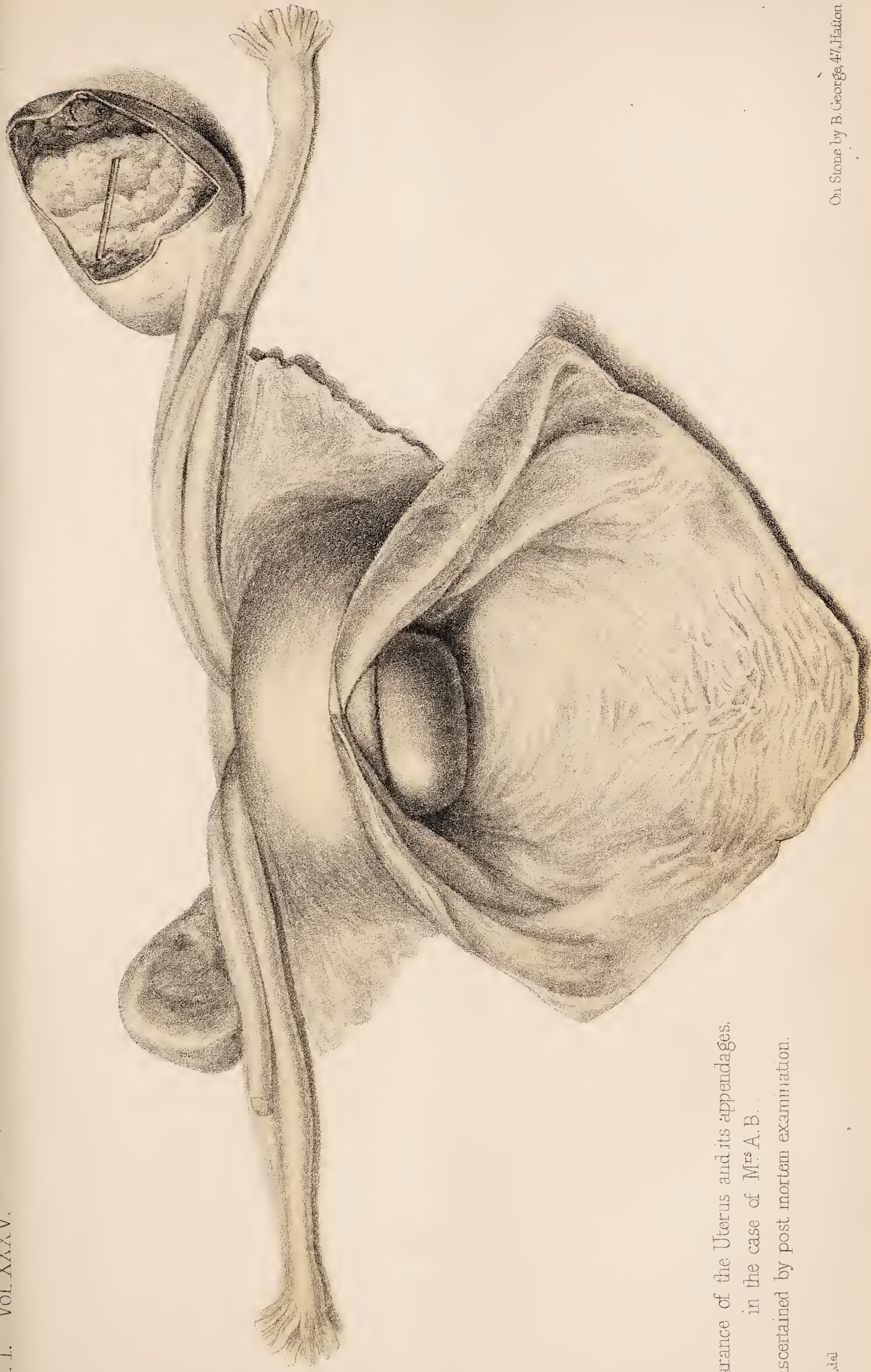
B. *Unsuccessful.*

34. Albertine Holbe, æt. 26.	Velpeau; Clin. Chir., vol. 2, p. 445.	Eight months' standing. Ligature applied June 6, 1840, and the tumour excised below it. The latter proceeding was not attended with much pain, and but little blood flowed. Two hours afterwards there was pain of the abdomen, and threatening of syncope. Patient died June 9th. Autopsy revealed six or eight oz. of blood in the lower part of the peritoneal cavity, with some signs of inflammation. The portion included in the ligature had slipped through it. Eighty leeches were applied. M. Velpeau attributed death to the loss of blood, and not to the peritonitis.	Died.
35. ———, æt. 26.	Cæsar H. Hawkins, Esq., who communicated the case.	March, 1850. Patient much blanched by constant hæmorrhage. The tumour the size of a large pear, attached by a pedicle one inch and a half in diameter to the posterior half of the os uteri. The os uteri was dilated, and was felt as a thin layer around the anterior half of the tumour. It was supposed to be a polypus. A ligature was applied on the 18th of March, and the operation was followed by pain; but no symptoms of peritonitis. The patient passed a good night, but on the following day sickness and insensibility came on. The latter symptom continued, with only a slight intermission, on the day preceding her death, which took place on the 25th of March. Post-mortem examination revealed injection of the lining membrane of the	Died.

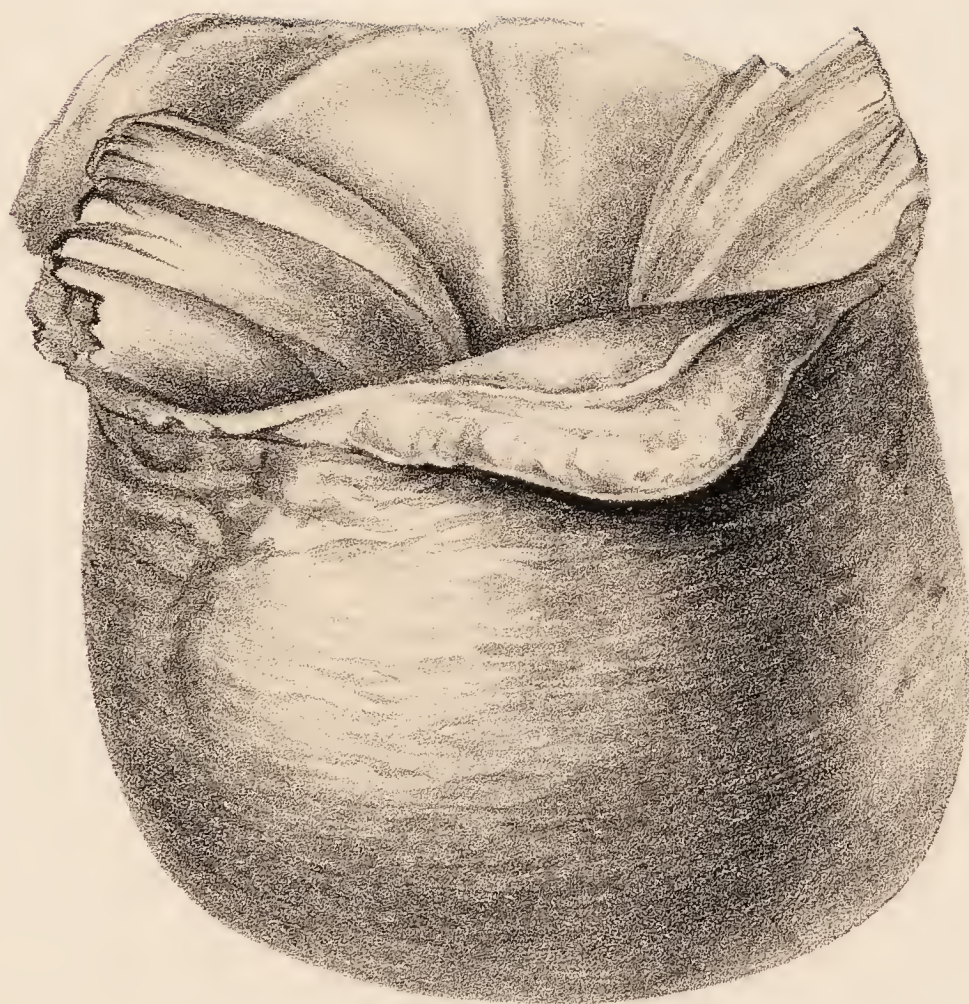
Name and Age of Patient.	Operator, and where reported,	Observations, Symptoms following the Operation, &c.	Result.
36. ———	Unpublished.	<p>ventricles of the brain, softening of their surfaces, and the central portions of both hemispheres, with slight extravasation of blood into the softened substance. The fundus, body, and part of the neck of the uterus were inverted. The portion of the organ below the ligature was gangrenous, and had partly separated.</p> <p>[<i>Note.</i>—The death of this patient does not appear to have been a direct consequence of the operation, inasmuch as neither venous nor diffuse peritoneal inflammation resulted from it.—J. G. F.]</p> <p>Tumour mistaken for polypus. Three or four months' standing. The first application of the ligature gave no pain. Next day, on its being tightened, great pain followed, which was relieved by withdrawing the canula. On the 3d day, the ligature was twisted; and on the 4th the tumour was excised below it, as it was supposed that its vitality was destroyed. This was followed by great loss of vital power, but no vomiting or peritonitis. Death took place in 24 hours, from the shock of this operation.</p> <p>N.B. The particulars of this case were communicated to Mr. Forbes by a friend.</p>	Died.

There is a preparation in the Museum of University College, No. 1436, of which the catalogue affords the following information:—"An uterus, which was removed by the knife, having been obtruded by inversion, the patient surviving the operation. The tumour is laid open, showing the external surface of the uterus within, while the natural internal surface has, from the disease, become the external. Bristles are passed." The tumour is the size of a very large orange. The internal muscular fibres of the uterus are exposed on its exterior, and the bristles are passed through the Fallopian tubes. As no details of the case were obtained, the case is not inserted in the Table.

I take this opportunity of offering my best thanks to those gentlemen who have communicated to me several interesting cases, hitherto unpublished, and have allowed me to add them to this table.



Appearance of the Uterus and its appendages,
in the case of M^{rs} A. B.
ascertained by post mortem examination.



Portion of Inverted Uterus removed by ligature in D^r Henry
Davies's case. (N^o 20 in the table.) The preparation is in the
Royal College of Physicians.

